



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY PARACHUTE
TEAM "GOLDEN KNIGHTS"
BUILDING 3-3327, BUTNER ROAD
FORT BRAGG, NC 28310



MRSB-PT

DATE: _____

MEMORANDUM FOR U.S. ARMY PARACHUTE TEAM "GOLDEN KNIGHTS"
ATTN: GKAS, 3-3327 BUTNER RD., FT. BRAGG, NC 28310-5000

SUBJECT: Golden Knights Assessment and Selection Application Form

1. Purpose: The U.S. Army Parachute Team (USAPT) conduct Golden Knights Assessment and Selection (GKAS) Program annually to fill vacant positions.

2. Scope: Per AR 614-5, personnel assigned to the U.S. Army Parachute Team are stabilized for a period of 48 months. Applicants must have a minimum of 4 years remaining in service following the date of assignment to the USAPT. Selectees must reenlist or extend to meet the service obligation if they fail to meet the minimum requirement. Commanders must ensure that all stop-loss and current unit stabilization codes are lifted prior to acceptance to attend the Golden Knights Assessment and Selection Program. Applicants may request exceptions to GKAS requirements through the Golden Knights Command Sergeant Major prior to Assessment and Selection start date. **This packet is due to the USAPT NLT 15 July.**

3. Background: Soldiers who successfully complete Assessment and Selection and are selected will be assigned to one of the Demonstration Teams. Competitors are selected from within the U.S. Army Parachute Team. Our Black and Gold Demonstration Teams spend over 250 days per year TDY. It is important that GKAS candidates and their families understand this reality prior to applying to mitigate issues, problems, or concerns with the tough and demanding operational tempo.

NOTE: This packet and all information provided are protected by the Privacy Act of 1974. Packets are reviewed by the GKAS Cadre and The USAPT Chain of Command and are secured and maintained by the Administration Section.

4. Ensure the following information is complete and accurate:

Rank: _____ Name: _____ SSN: _____

Enterprise (AKO) email address: _____

Unit: _____ UIC: _____

Unit Address: _____

Unit Phone Number (DSN): _____ (COMM): _____

1SG Name, Phone, & email: _____

MSRB-PT
SUBJECT: Golden Knights Assessment and Selection Application Form

CSM Name, Phone & email:_____

Time on Station:_____ DEROS (If Applicable):_____

Profile (YES/NO):_____ (If “YES” attach a copy of the profile)

APFT Date:_____ APFT Score:_____ (Within 30 days of packet submittal)

Height:_____in. Weight:_____lbs. ___Go ___No Go (Attach DA Form 5500/5501)

NOTE: All applicants WILL submit a completed DA Form 5500/5501 signed by their Army Body Composition Program NCO regardless of screening weight.

Education Level: Military_____ Civilian_____

Marital Status:_____ Number of Dependents:_____

Are you a single parent? YES_____ NO_____

If you answered “YES”, provide number of children and ages:_____
(Attach a copy of Family Care Plan)

Home Address:_____

Home Phone:_____ Cell Phone:_____

Civilian email:_____

5. Emergency Contact Information:

Emergency Contact:_____

Phone Number (Home/Cell):_____

Email:_____

Address:_____

6. Airborne history:

Airborne Qualified: YES_____ NO_____

(If non-airborne, you must volunteer to attend Airborne School before you can be placed on assignment to the USAPT; by submitting this application, you are agreeing to fulfill that requirement should you be selected to the Team.)

Are you currently on Jump status: YES_____ NO_____

Date of first Freefall jump:_____ Date of most recent Freefall jump:_____

Number of Freefall jumps:_____ Number of Freefall jumps in the past year:_____

*A minimum of 100 free fall jumps is required

MSRB-PT

SUBJECT: Golden Knights Assessment and Selection Application Form

7. Military History and References:

Last three assignments:

	<u>Unit</u>	<u>From/To</u>	<u>Supervisor Name/Number</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Parachuting experience: Briefly detail prior parachuting experience and areas of interest (eg. Demonstrations, Competitions, etc)

(1) _____

(2) _____

(3) _____

List individual parachuting references and phone numbers:

(1) _____

(2) _____

(3) _____

List individual military references and phone numbers:

(1) _____

(2) _____

(3) _____

8. Answer the following questions about your personal information (Circle Y or N):

- | | |
|--|-----|
| (1) Do you have a GOVCC? | Y/N |
| (2) Have you ever defaulted on a loan? | Y/N |
| (3) Have you ever had property repossessed? | Y/N |
| (4) Have you had any traffic violations? | Y/N |
| (5) Have you ever been cited for a DUI/DWI? | Y/N |
| (6) Have you ever tested positive on a urinalysis for drugs? | Y/N |
| (7) Have you ever been punished under the UCMJ? | Y/N |
| (8) Have you ever received a Flag (Suspension of favorable actions)? | Y/N |
| (9) Have you ever received a BAR to reenlist? | Y/N |
| (10) Have you ever been arrested? | Y/N |
| (11) Have you ever been denied or lost a security clearance? | Y/N |
| (12) Do you have a valid civilian drivers license? | Y/N |

DL#:_____ Exp Date:_____ State:_____ Endorsements:_____

MSRB-PT

SUBJECT: Golden Knights Assessment and Selection Application Form

If you answered "YES" to any of the above, except questions #1 and #12, provide an explanation. If more space is required, attach a continuation sheet.

9. Please provide a copy of the following information:

Current and updated Enlisted Record Brief (ERB)

Last three (3) NCOERs (If applicable)

DA Photo (Color Copy)

Credit Report from one of three reporting agencies

Photo copy of Freefall logbook displaying jumps over the last 12 months

USPA License (Membership Number and Qualifications if applicable)

Airborne Volunteer Statement

Family Care Plan (If applicable)

Memorandum signed by Commander

10. Remarks: Why do you want to be a Golden Knight? Why should you be considered? Is there anything about yourself that we should know but haven't asked?

11. Applicants are responsible for keeping the USAPT informed of current military and civilian addresses and telephone numbers. Report all changes to the Administration Section at (COMM) 910-396-4800. The USAPT Commander will notify applicants by mail if they have been accepted or not to attend GKAS. A correct mailing address is essential for notification.

MSRB-PT

SUBJECT: Golden Knights Assessment and Selection Application Form

12. *"I certify the information contained in this application is true and correct to the best of my knowledge."*

SIGNATURE: _____

13. Mail the completed GKAS application and memorandum signed by your Commander (see attached example) to the following address:

For Standard Mail:

Commander
U.S. Army Parachute Team
Attn: Administration Section
P.O. Box 70126
Fort Bragg, NC 28301

For FEDEX or UPS :

Commander
U.S. Army Parachute Team
Attn: Administration Section
BLDG 3-3327 Butner Rd.
Fort Bragg, NC 28310-5000

2 Encls

1. Sample Commander's Memorandum
2. Airborne Volunteer Statement

MSRB-PT

SUBJECT: Golden Knights Assessment and Selection Application Form

SAMPLE

****NOTE: ALL Memorandums must be TYPED on Applicant's Unit letterhead****

MEMORANDUM FOR Commander, United States Army Parachute Team, Fort Bragg, North Carolina 28310-5000

SUBJECT: Application to the U.S. Army Parachute Team Golden Knights Assessment and Selection Program

1. I am aware that (Rank and Name of Soldier), a member of my command, is applying for a position with the U.S. Army Parachute Team "Golden Knights."
2. I understand that if (Rank and Name of Soldier) is accepted to attend the program, he/she will be TDY (SD if at Fort Bragg) for the duration of the program from September thru October or until officially released back to the parent unit.
3. I have ensured that (Rank and Name of Soldier) has been removed from any Stop Loss or unit fencing stabilization codes.

NOTE: If Soldier is assigned to a deployable unit, you must notify your Brigade of your intentions and have your letter endorsed by the Brigade S-1, CSM or Commander.

4. I further understand that should (Rank and Name of Soldier) be selected to become a member of the Golden Knights, the U.S. Army Parachute Team will generate a request to HRC for immediate reassignment of the Soldier. Soldiers selected as Golden Knights will be attached to the Golden Knights indefinitely pending HRC assignment instructions. All Soldiers must participate in the Golden Knights' Annual Certification Cycle from January thru March to certify each Soldier for the upcoming demonstration season.

Company Commander Signature Block
(Please include email contact information)

Battalion Commander Signature Block
(Please include email contact information)

Brigade Commander Signature Block
(Please include email contact information)

MSRB-PT

SUBJECT: Golden Knights Assessment and Selection Application Form

Airborne Assignment Acceptance/Declination Statement

Per AR 614-200, Soldiers on assignment instructions to an Airborne position at the United States Army Parachute Team will be utilized for at least 4 years in an Airborne position unless physically disqualified, exempted by general court martial authority, separated, reassigned by the Department of the Army or accepted to another Airborne, Airborne Ranger, Special Forces or other training/assignment considered by DA to have higher priority. Soldiers with less than 4 years to ETS are still eligible for assignment to the USAPT; however, they must reenlist or extend to meet the service obligation of the assignment. Before issuing assignment orders, the losing Commander will inform the Soldier of the proposed assignment. The Soldier must initial Emilpo output, AAA-234, individual losing assignment (AR 600-8-11) indicating acceptance of an Airborne assignment. The losing unit will forward the original copy of the statement through the United States Army Parachute Team to HRC (appropriate career branch). Soldiers who accept an Airborne assignment with the intent of declining Airborne duty upon reporting to the USAPT are subject to UCMJ action.

This memo is in lieu of AAA-234 printout.

I accept / decline AIRBORNE ASSIGNMENT FOR:

HHD US ARMY PARACHUTE (W027T1) FT BRAGG, NC 28310

Duty station/location

Last Name, First, Middle Initial

Soldier Signature

Date:_____

Last Name, First, Middle Initial

(Witness)

Witness Signature

Date:_____